

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:30

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : Community Services Office of Applied Studie
 Data System
Start Date : 01-JUL-92
End Date :
Follow-up :

Indiana's Treatment Episode Data Set
Version : 1

K = Key Field		System	<i>Indiana</i>
Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
1	System Transaction Type	-	Transaction Type Added to Each Record
K 2	State Code	IN	FIPS Code Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

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No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	01	-	
K 2	Client Identifier (Admission)	03	Unique Identifier	
K 3	Co-Dependent/Collateral	10	Co-Dependent/Collateral	
	1 Yes		1 Yes	
	2 No		2 No	
K 4	Client Transaction Type	-	Form Type	
	A Initial Admission		- New Admission	
	T Transfer/Change in Service		- Intra-Agency Transfer	
K 5	Date of Admission	39	Encounter Begin Date	
6	Number of Prior Treatment Episodes	12	Number of Prior Episodes	
	0 0		0 0	
	1 1		1 1	
	2 2		2 2	
	3 3		3 3	
	4 4		4 4	
	5 Or More		5 5 or more	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	13	Source of Referral	
01	Individual (includes self-referral))	1	Individual (Includes Self)	
02	Alcohol/Drug Abuse Provider	2	Alcohol/Drug Abuse Care Provider	
03	Other Health Care Provider	3	Health Care - Other	
04	School (Educational)	4	School (Educational)	
05	Employer/EAP	5	Employer (EAP)	
06	Other Community Referral	6	Other Community Ref	
07	Court/Criminal Justice/DUI/DWI	7	Court/Criminal Justice/DUI/DWI	
8	Date of Birth	04	Date of Birth	
9	Sex	05	Sex	
1	Male	1	Male	
2	Female	2	Female	
10	Race	06	Race	
01	Alaska Native (Aleut, Eskimo, Indian)	1	Alaskan Native	
02	American Indian (Other than Alaskan Native)	2	American Indian	
04	Black or African American	4	Black	
05	White	5	White	
20	Other	6	Other	
21	Two or More Races	7	Multiracial	
13	Asian	8	Asian	
23	Native Hawaiians or Other Pacific Islanders	9	Native Hawaaian or other Pacific Islander	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
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11 Ethnicity**07 Ethnicity**

01	Puerto Rican	1	Puerto Rican
02	Mexican	2	Mexican
03	Cuban	3	Cuban
04	Other Specific Hispanic	4	Other Hispanic
05	Not of Hispanic Origin	5	Not Hispanic
06	Hispanic - Specific Origin not Specified	6	Latino, Unknown Origin

12 Education**19 Education at Admission**

00	Less Than One Grade Completed	0	Not attended school
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-11	Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12	High School Graduate
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13 - 15	1 to 3 years college
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16	College Graduate
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17	Masters Degree Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	18	Doctorate Degree Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	21	Trade or Business School
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	22	Associates Degree

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
13	Employment Status	21	Employment Status
01	Full Time	1	Full Time
02	Part Time	2	Part Time
03	Unemployed	3	Unemployed/Looking for Work or Laid Off
04	Not in Labor Force	4	Not in Labor Force
02	Part Time	5	Less than full-time: working 21 to 34 hours per week
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	33	Substance, Primary, Secondary, Tertiary
01	None	01	None
02	Alcohol	02	Alcohol
03	Cocaine, Crack	03	Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	04	Marijuana
05	Heroin	05	Heroin
06	Non-Prescription Methadone	06	Non-Prescription Methadone
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics
08	PCP	08	PCP
09	Other Hallucinogens	09	Other Hallucinogens
10	Methamphetamine	10	Methamphetamine
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepines
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbiturates
16	Other Sedatives or Hypnotics	16	Other Sedatives or Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over the Counter
20	Other	20	Other

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	34	Route	
01	Oral	1	Oral	
02	Smoking	2	Smoking	
03	Inhalation	3	Inhalation	
04	Injection (IV or intramuscular)	4	Injection	
20	Other	8	Other	
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	35	Frequency	
01	No past month use	1	None Past Month	
02	1-3 times in past month	2	1-3 Times in Past Month	
03	1-2 times per week	3	1-2 Times per Week	
04	3-6 times per week	4	3-6 Times per Week	
05	Daily	5	Daily	
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	36	Age First Use or Intoxication	
00	Indicates a Newborn with a substance dependency problem	00	Newborn	
00-95	Indicates The Age at First Use	00-96	00-96	

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
K 18	Type of Services	38	Service Description
01	Hospital Inpatient (Detox, 24 hour Service)	01	Detox 24 hr. Hospital Inpatient
02	Free-standing Residential (Detox, 24 hour Service)	02	Detox 24 hr. Free Standing
03	Hospital (other than detox)	03	Rehab/Residential Hospital
04	Short-term, (30 days or fewer)	04	Rehab/Residential Short-Term
05	Long-term, (more than 30 days)	05	Rehab/Residential Long-Term
06	Intensive Outpatient	07	Ambulatory Intensive Outpatient
07	Non-Intensive Outpatient	08	Ambulatory Outpatient
08	Ambulatory Detoxification	09	Ambulatory Detoxification
04	Short-term, (30 days or fewer)	11	Transitional Residential Short-Term
05	Long-term, (more than 30 days)	12	Transitional Residential Intermediate
05	Long-term, (more than 30 days)	13	Transitional Residential Long-Term
19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	41	Methadone
1	Yes	1	Yes
2	No	2	No

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Not Collected	
6	Pregnant at Time of Admission	17	Pregnant	
	1 Yes		1 Yes	
	2 No		2 No	
7	Veteran Status	18	Veteran	
	1 Yes		1 Yes	
	2 No		2 No	
8	Living Arrangements	16	Living Arrangements	
	01 Homeless		1 Homeless (child ot adult)	
	02 Dependent Living		2 Residential Facility 24/7	
	03 Independent Living		3 Independent Living for child or adult	
	02 Dependent Living		4 Living under Correctional Order or Incarcerated	
	02 Dependent Living		5 Semi-Independent Living for Adult or Child	
	02 Dependent Living		6 Foster Care	
	02 Dependent Living		7 Inpatient - non state - 24/7	
	02 Dependent Living		8 Inpatient - state operated 24/7	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	-	Not Collected	
10	Health Insurance	??	Health Insurance	
02	Blue Cross/Blue Shield	1	Blue Cross/Blue Shield	
06	Health Maintenance Organization (HMO)	2	HMO	
01	Private Insurance (other than BCBS or HMO)	3	Other Private Insurance	
04	Medicaid	4	Medicaid	
03	Medicare	5	Medicare	
20	Other (e.g. TriCare, Champus)	6	Other	
98	Not Collected	8	None	
97	Unknown	9	Unknown	
11	Expected/Actual Primary Source of Payment	-	Not Collected	
12	Detailed Not in Labor Force	-	Not Collected	
13	Detailed Criminal Justice Referral Categories	14	Legal Basis/Type of Commitment	
01	State/Federal Court	1	State/Federal Court	
02	Other Court (Not State or Federal)	2	Formal Proceedings	
03	Probation/Parole	3	Probation/Parole	
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	4	Legal-Other	
05	Diversionary Program (E.G. TASC)	5	Diversion Program	
06	Prison	6	Prison	
07	DUI/DWI	7	DUI	
08	Other	8	Other	

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No.	Treatment Episode Data Set	Item	Value	State System Data
14	Marital Status	15	Marital Status	
01	Never Married	1	Never Married	
02	Now Married or Cohabiting	2	Married	
03	Separated (legally or otherwise absent)	3	Separated	
04	Divorced	4	Divorced	
05	Widowed	5	Widowed	
15	Days Waiting to Enter Treatment	-	Not Collected	

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Discharge

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	~	Discharge Not Collected Yet	
105	Client Identifier - (At Discharge)	~	Discharge Not Collected Yet	
106	Co-Dependent/Collateral At Discharge	~	Discharge Not Collected Yet	
109	Service at Discharge	~	Discharge Not Collected Yet	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
146	Date of Last Contact	~	Discharge Not Collected Yet	
147	Date of Discharge	~	Discharge Not Collected Yet	

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Discharge
Item

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No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Collected Yet
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report